

New Directions (Rugby) Limited

Domiciliary Care Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 25 and 31 October 2017. The inspection was announced. This was to ensure the manager and staff were available to talk with us about the service when we visited. At the last inspection, the service was rated Good overall. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Domiciliary Care Service provides personal care and support to people with learning difficulties, in their own homes. The provider owned two properties where people had private tenancies with the provider. One property was a shared ground floor flat and the other was a purpose built property which consisted of self-contained flats with some communal rooms. The provider leased two other properties, where people had private tenancies with the provider. These properties consisted of self-contained flats with some communal rooms. There was a staff room in these buildings, where staff stayed to provide overnight support. Some other people received support in their own homes in the community. At the time of our visit, 49 people received personal care from the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A recent change to staffing structure meant the registered manager was preparing to leave the service and a newly appointed manager was in the process of taking over their role and would apply for registration with the CQC in the future.

The providers' values were person-centred and made sure people were at the heart of the service. Staff shared this view and had a common vision to provide an environment where people were enabled to live their lives as they chose, pursue their interests and maintain their independence. Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values.

People were encouraged to plan ahead, set personal goals and maintain their interests. They were supported to take part in social activities which were meaningful to them and these improved the quality of people's lives.

The provider was innovative and demonstrated sustained improvement to the quality of care they delivered. They worked in partnership with other organisations to make sure they followed current best practice and provided a high quality service.

The managers were dedicated to providing quality care to people. They valued staff and promoted their development. There was an open culture at the service where staff felt well supported, able to raise any concerns and put forward suggestions for improvements. The provider encouraged people to provide feedback on how things were managed and to share their experiences of the service in creative ways which

suited their needs.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks, while promoting people's independence. People and their families were included in planning how they were cared for and supported. The provider regularly checked that the premises and equipment were safe for people to use.

Staff understood their responsibilities to protect people from the risk of abuse. The provider checked staff's suitability for their role before they started working at the service and made sure there were enough staff to support people safely. Medicines were administered and managed safely.

People were cared for and supported by staff who had the skills and training to meet their needs. The managers and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a healthy diet that met their preferences and were referred to healthcare services when their health needs changed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Domiciliary Care Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 and 31 October 2017 and was conducted by one inspector. It was a comprehensive, announced inspection.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no significant concerns about the service.

Before the inspection visit we sent surveys to people who used the service to obtain their views about the quality of care they received. Surveys were returned from nine people who used the service and one relative. During the inspection visit we spoke with five people who used the service. We spoke with the provider, the senior administrator, the registered manager, the registered manager of services [known throughout the remainder of the report as 'the manager'], the deputy manager, three team leaders, a senior support worker and a support worker. Following our inspection visit we spoke with two health care professionals. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

Many of the people who used the service were happy to talk with us about their daily lives, but they were not able to tell us in detail about their care plans because of their complex needs. However, we observed how care and support were delivered in communal areas and reviewed five people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, the provider's quality assurance

audits and records of complaints.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe using the service and told us who they would go to if they felt worried about something. We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. Everyone who used the service that responded to our survey told us they felt safe from abuse or harm from the staff. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. A member of support staff told us, "I'd report concerns straight to the local authority safeguarding team and let the management team know." Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. People were encouraged to maintain as much independence as possible. The manager and the deputy manager explained how they assessed risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns. Following our inspection we received concerns from a member of the public telling us one person had not been properly protected from risks due to their ill health. The manager provided us with information to show us how they were ensured the person was protected.

People told us there were enough staff because they received support when they needed it. Staffing was worked out using rotas, which identified when planned activities took place and times when people needed more support. This ensured there were enough skilled and experienced staff on duty to support people safely. People told us they received a copy of the rota and they liked this because they knew which staff were going to support them. The manager told us they were currently in the process of recruiting new staff and the amount of temporary staff being used, was decreasing. A team leader told us, "We did have a shortage of staff earlier this year when some staff left... We all pulled together and had enough staff to stay under safe levels." One person told us, "There have been loads of improvements and now the staff are much better."

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. The provider had identified the support that individual people would need to exit the premises promptly in the event of an emergency.

Medicines were managed, administered and stored safely. People told us they had their medicines when they needed them. Only trained and competent staff administered medicines. Records showed the deputy

manager regularly checked medicines were administered in accordance with people's prescriptions and care plans. They regularly checked the amount of medicines recorded as 'administered' and the amount remaining matched the amount in stock.

The manager told us 14 medicine errors had occurred across the service in the previous 12 months, these included several instances where people had not been supported to have their medicines as prescribed. Local authority commissioners were aware and had shared information with us regarding this. The manager explained that in order to reduce the risk of further errors they had made improvements to the way they worked. The manager told us this included additional monitoring checks by senior staff. They explained any medicine errors were shared with the trustees and the provider for consideration. A member of support staff told us they felt the new medicine process was working and risks to people were being reduced. We found the number of medicine errors had reduced since the introduction of the additional checks.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. The rating continues to be Good.

People received the care and support they needed to maintain their health and wellbeing. One person told us, "All the support workers are brilliant." Everyone who used the service that responded to our survey told us their support workers had the skills and knowledge to give them the care and support they needed. Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Staff were positive about training and told us, "We do specific training to support people's needs, such as epilepsy and autism. The training is really useful." Different methods of training were provided which suited different ways of learning. The manager explained how they had restructured staff training because they said, "It is very important everyone has up to date skills." The manager had ensured senior staff were included in training events and increased the number of topics all care staff were trained in, such as autism awareness. They had also increased the frequency of some training, to ensure staff skills were kept up to date, for example, safeguarding adults. The manager told us they were in the process of arranging training for staff to support one person with their specific needs, because they were new to the service.

Staff had regular opportunities to discuss and reflect on their practice to improve the quality of care people received. Staff were positive about supervision meetings and told us, "I feel 100 per cent supported. In my supervision they tell me where I'm going right and wrong." Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The manager told us how they used supervision to focus on staff development and review their competencies, "We look at learning and development, stress, workload, any support or training needs." They explained staff were supported by having debriefs following any incidents.

Staff told us they felt supported by the provider and the registered manager to develop their skills to help them provide more effective care to people. Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. For example, the manager was studying for a level 5 diploma in leadership and management in social health care to support them in their role and to help ensure people received effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and found the staff and managers understood their responsibilities under the Act. The manager told us they had worked with the

local authority to make applications to the supervisory body for two people, because their care plans included restrictions to their liberty. The supervisory body were assessing the applications. The manager told us people's care plans were reviewed regularly to identify if they had potential restrictions on their liberty.

The manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or independent advocate, who could support them to make these decisions in their best interest. An advocate acts on behalf of a person to obtain their views and support them to make a decision in their best interest. We found not all documents confirming people's legal representatives had been recorded on their care plans, which meant the representatives legal responsibilities were not always clear. We discussed this with the manager who told us they would ensure any documentation relating to legal representatives was requested and recorded on people's care records.

Records showed decisions were made in people's best interests, where they did not have capacity to make them. People such as family and health professionals were involved in supporting people to make decisions. A health professional we spoke with gave us positive feedback and told us they were frequently invited to support people to make decisions in their best interests. They said, "Staff are proactive in making sure they sort things out for people and work with other health professionals."

Some people received food and drinks prepared by staff and some people were supported by staff to help prepare meals to encourage their independence. People's care plans included a list of their needs, any allergies and any cultural or religious preferences for food. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs. One member of support staff told us how they helped one person write their shopping list and supported them to plan healthy meals. We spoke with the person who confirmed this and told us how they valued the staff's support to choose and shop for their own food.

Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals. One person told us, "Staff come to appointments with me." Support staff were knowledgeable about people's individual medical conditions and were observant for changes in people's behaviours. Care plans showed detailed guidance for staff about how to recognise changes in people's health and what action to take to maintain their well-being. A healthcare professional we spoke with confirmed staff liaised with them to obtain advice on how best to support people with their health needs.

Is the service caring?

Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

One person told us, "The staff are friendly." They told us how they made their own choices and support staff gave them privacy when they wanted it. Everyone who used the service that responded to our survey told us their support workers were caring and kind and treated them with respect and dignity. One relative commented in our survey, 'The carers are very caring.'

A health professional we spoke with told us the service was, "Very person centred." The manager told us, "Person centred care is about involving the individual as much as possible, encouraging them and making sure information is accessible and centred around them. It's about understanding people's capacity to make a decision and involving family and friends where required. It's about setting goals and helping people to reach them. It's about citizenship and happy lives." Staff shared this caring ethos and were supported by the provider to give people care in a way that had a positive impact on them. The provider had signed up to the social care commitment in August 2016, which meant they supported staff through their supervision process in raising social care standards.

When staff supported people in communal areas, we saw there was good communication between them. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff were compassionate and supported people according to their individual needs. One person told us in our survey, 'My support workers are working very hard to learn new skills to help my communication, they also are supporting me to maintain and extend my own ability to communicate.' We saw staff took time to listen to people and supported them to express themselves according to their own abilities. A member of support staff explained how they communicated with one person who had limited verbal communication. They said, "[Name] is not verbal and will point to things. We use pictures and Makaton to help them understand." Makaton is a form of sign language that was developed to support people with learning disabilities communicate more effectively. People's preferred communication methods were recorded in their care plans.

Staff told us they liked working at the service and some of them had worked there for several years and had developed strong relationships with people they supported. One support worker told us, "I really enjoy my job. My favourite part is key working." A key worker is a member of staff who is allocated to support a person on an individual basis. The support worker explained people had key workers who they knew well and who they could discuss issues with on an individual basis and in a way they could understand. One person told us, "I get on with my key worker brilliantly. We have a good old laugh and a natter. They do my care reviews."

A health professional we spoke with told us one person they supported had not received adequate support to visit their friends. They said they raised this with staff and improvements were made to the person's support and there was a, "Dramatic improvement." One person told us how staff had supported them to visit their family member in hospital and how this had a positive impact on their well-being. A member of staff told us how they supported another person to hold a surprise birthday party for their family member and how much the person and their relative had enjoyed the event.

Staff explained how they helped people to understand information in different formats to suit their needs. They used pictorial information to assist people's understanding. For example, there was large print, pictorial information available in communal areas, including the complaints policy, information about the Mental Capacity Act 2005 and keeping safe in the community. The manager explained how staff supported one person with their communication and found, although the person was articulate, they understood information presented in a picture format more easily. Now they supported the person to use a rota with staff pictures and a pictorial activity planner, which they found easier to understand.

People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. Care plans had a life history section, which included information about people's religion, culture, family and significant events.

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual cultural or religious traditions. One member of staff told us how they used their training to protect and support one person to deal with an issue of discrimination they experienced in the local community. Staff understood that some people might need particular support to make them feel equally confident to express themselves. Records showed people had not been asked about all their protected characteristics when they were reviewed by the provider, such as their sexuality. We discussed this issue with the manager and they told us they would make changes in the way they gathered important information about people, to improve the way they supported people.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us they were happy with the care and support staff provided. One relative told us in our survey, '[Name] has a full and active life and is offered and chooses a wide variety of activities of personal interest. They are supported to be as independent as possible and encouraged to try new skills.'

Everyone who used the service that responded to our survey told us staff involved the people they chose to be included in important decisions. The manager explained how people were initially assessed before they first used the service. People were invited for visits to the service, to get to know staff and other people using the service. The manager explained the length of the visit process would depend on the person and their needs and the process was repeated until they felt comfortable. People told us senior staff came to their home to review their care with them regularly. People felt comfortable to express their views about the care and support they received.

People were encouraged to engage in activities that were meaningful to them. One person explained staff were supporting them to plan their birthday party. They said, "Staff help me sort things out." Another person talked about a forthcoming party the provider had organised for people who used their services. They showed us their costume and it was clear they were looking forward to the event. We saw pictures of them enjoying the party on our second inspection visit. People told us they had been supported to go on holidays they had chosen and showed us pictures of themselves. One person told us how they felt, "In control", of the support they received from staff. They said, "I show the staff what to do."

Staff told us they helped people to remain independent and develop new skills, by supporting them to achieve their 'outcomes.' This meant staff recorded people's journeys towards achieving their goals. For example, one person told us how much they enjoyed using their computer and showed it to us. Their care plan reflected this and showed how they were being supported to use their computer independently.

The service was actively involved in building links with the local community and people were supported in individual ways that suited their needs. For example, some people were supported by staff to obtain and maintain voluntary work placements. One person told us they did volunteer work in the garden at another of the provider's services. They told us proudly they had grown vegetables and people at the service had used these in their meals.

People told us they were able to make their own choices. One person told us, "We go to different places, I choose where I shop and what food I like." Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was clear guidance for staff about how to support people with their identified needs. Care plans included a one page profile which support staff told us was very helpful because it contained, "Important details, such as medicines."

People told us they felt able to raise any concerns with staff. Everyone who used the service that completed our survey told us staff responded well to any complaints they raised. One person told us, "I would tell the staff or write it down and give it to my keyworker." One person told us they had raised a concern and this had been dealt with to their satisfaction. A relative commented in our survey, 'If any issues arise, the care staff and management work together to find a solution and give additional support where required.' Staff understood the complaints process and knew how to support people if they had a concern. The provider's complaints policy was easy to read with pictures to help people's understanding and it was accessible to people in a communal area. The manager told us people were also given a copy of the policy in their home. The manager confirmed there had been five matters dealt with since April 2017. Records showed these had been dealt with in accordance with the provider's policy and to the complainant's satisfaction.

Thirty seven verbal and written compliments had been recorded since January 2017. There was evidence of compliments from relatives and health professionals about the standard of care provided by the service. The manager explained compliments were shared with staff.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People were very happy with the quality of the service. A relative commented in our survey, 'The staff and managers are good, in fact excellent.' Staff told us, "I love it here" and "The manager is very supportive and has good ideas...I feel absolutely supported." There was evidence of compliments about the standard of care provided by the service. Health professionals we spoke with told us it was sometimes difficult to make contact with senior members of staff to obtain information. They said, "Contact can be haphazard", but told us this was improving due to the recent staff restructure.

The provider had developed a positive culture at Domiciliary Care Service. Their values were imaginative and person-centred and made sure people were at the heart of the service. All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their senior managers' leadership. Staff told us the provider encouraged them to share information about the service so they could continually identify ways to improve the quality of care for people. Staff told us they used regular staff meetings to share information and best practice.

Staff felt valued by the provider and told us they received recognition for good practice and feedback to help them improve. The provider operated a 'star of the month' award where one staff member was nominated for doing something outstanding and this was shared with people in the provider's newsletter. The manager told us, "This boosts staff moral and lets people know they are valued." Staff were provided with a regular newsletter from the provider, giving updates on recent changes within the organisation. Staff received support on specific topics at 'well-being' meetings, held by the provider. Additional support was provided to staff via an external 'employee assistance programme', where staff could use a 24 hour telephone line for support on personal matters. The provider had attained a silver award from the 'International Investors in People' accreditation scheme, for their staff management achievements. This was confirmed by staff's high opinion of the leadership of the organisation.

Staff told us they were given opportunities for personal development within the service and said senior staff were caring and this made them feel motivated in their role. A health professional we spoke with told us the provider was, "Good at developing their staff and nurturing people." The manager said, "It is a lovely organisation, they put so much into their staff...If the staff are happy, you get happy people."

The provider was innovative and demonstrated sustained improvement to the quality of care they delivered. They worked in partnership with other organisations to make sure they followed current practice and provided a high quality service. For example, they were members of an organisation who provided advice on employment law which helped to protect and promote staff's rights in the workplace. The provider had signed up to the social care commitment in August 2016. This meant they had made a commitment to focus on raising the standards in social care. We saw the provider had honoured the commitment and incorporated the standards into their staff supervision procedure. Staff had to demonstrate how they met

the standards as part of their supervision. The provider helped some people to understand information on their website in a more meaningful way, by using an electronic system to allow people to hear a verbal version of the text.

People were empowered and involved in making decisions about how the service was run and the staff who provided their care and support. For example, during staff recruitment, people were asked if they would like to help interview prospective new members of staff. People asked their own questions at a second interview and were asked for their feedback following the interview process. The manager told us this helped to ensure they found staff who people could communicate easily with.

People who used the service could share their experiences by completing surveys and attending meetings, which were held regularly. One person told us, "I go to the meetings and I get to say what I want." People were given individual agendas to complete prior to the meeting, so their issues could be discussed. People led the meetings and could talk about whatever they wanted to. One person told us they had raised an issue on their agenda and this had been discussed at a recent meeting. People's views were passed on to senior staff following meetings, so their suggestions could be acted on. For example, people who lived in one of the provider's properties had voted to buy a gazebo for their garden and we saw this had been purchased and was being decorated. This showed the provider listened to people's suggestions and improvements were made to the service. There were other opportunities for people to share their experiences of the service they received. These included meetings organised by the provider, which people from all their services were invited to attend. At the meetings they discussed any issues affecting the providers' services. For example, new members of staff were introduced to people at these meetings, to help people get to know them better before they started working together.

A recent staffing restructure meant the registered manager was preparing to leave the service and a newly appointed manager was in the process of taking over their role and would be applying for registration with the CQC in the future. The current manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority.

The manager told us they felt well supported by the provider and other senior managers. When they joined the service they had undertaken an induction, which they found extremely useful. They enjoyed their role and felt enthusiastic to make suggestions for improvements which had been taken on board by the provider. For example, they had revised the training schedule for all staff within the organisation.

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans and financial records by the deputy manager and team leaders. The team leader told us the results of these checks were shared with staff and people's keyworkers were asked to take any action required. Records showed people's care plans were updated following audits. Additional monthly checks were carried out by deputy managers and team leaders from the provider's other services. This helped to ensure checks were completed objectively because they were done by someone who did not work at the service. They looked at areas such as quality of care plans, medication and household issues. We saw action plans were shared with the provider and actions were completed in a timely way.

The provider's trustees completed additional unannounced quality assurance checks, to ensure the service was meeting required standards and people who used the service were well cared for. People's care was improved because the quality assurance system was effective and was strengthened by the provider's checks. The provider was registered with the International Organisation of Standards (ISO) 9001. This meant their quality management systems had been independently reviewed and met a high standard.

